NH Balancing Incentive Program - Stakeholder Committee
Wednesday, January 9, 2013 – Brown Building, Room 232

Attendees: Valerie Acres, Sarah Aiken, Leslie Boggis, Candace Cole-McCrea, Nanci Collica, Carl Cooley, Georges Djanabia, Ed Drury, Kim Firth, Suellen Griffin, Daniel Hebert, Pam Jolivette, Kathryn Kindopp, Alex Koutroubas, Doug McNutt, Betsy Miller, Margaret Moser, Beth Raymond, Joey Rolfe, Timothy Rourke, Joy Sabolevski, Barbara Salvatore, Bernie Seifert, Dotty Treisner, Michelle Winchester
DHHS: Kelley Capuchino, Don Hunter

BIP Update

Brief updates were provided on recent progress on the BIP RFP for project management services and the Governor and Council's approval of the Bureau of Developmental Services' contract to implement 12 specific projects. For the quarter ending Sept. 30, 2012 expenditures for NH Medicaid community-based long-term services and supports made up 45.7% of all long-term care spending. The Workplan deliverables due Jan. 1 were submitted to CMS. Work is continuing on all these deliverables, especially item 8.2, development of the Level 1 screening questions. In response to DHHS questions, there will be further discussion of these questions during the next BIP Advisory Group meeting. After any revisions, the next step will be to submit these questions to the Stakeholder Committee for feedback, then work on process for consumer testing and feedback.

There was a request for more financial information about long-term care spending by program area. More information, including financial, will be prepared and provided to the Committee for review. There was further discussion (continued from December meeting) about asking CMS if it is possible to set up a mechanism to continue funding efforts after the BIP has ended, perhaps utilizing the health care transition fund that DHHS had several years ago. Further research is needed.

Community Services and Supports Initiatives

The Committee then opened a discussion of Community Services and Supports Initiatives. The CMS 3-part test was reviewed as threshold criteria that all proposals must meet in order to qualify for BIP funds. Several questions were asked about any additional restrictions and the degree of flexibility for the use of BIP funds. It was suggested that the 3-part test needs to be translated into "plain English" to help people understand what the requirements actually mean.

There was some discussion on how proposals should be submitted. There was a general sense that there should be specific RFI's to elicit initial submissions, which should be in the form of single-page concept papers. Rather than being prescriptive, we should offer an outline as to what can be funded and what can't. State what we absolutely cannot use BIP funds for. These concept papers can then be reviewed and decisions made on whether more information is needed to advance consideration of a proposal. If a concept clearly doesn't satisfy BIP criteria, it would

be quickly denied. If there were similar concepts, they could be combined before further consideration. Further considerations should include the following:

- What are the priorities for the Department?
- What do we need 10-20-25 years out?
- Focus on population, needs and eligibility
- Compile and utilize all existing NH state health plans and needs assessments that have been done. Thread together these past efforts to identify gaps in service and those things that have worked.
    - The "Real Choices" work from 2006 was raised as an example. We need to move the needle closer to the vision of that effort. This grant created opportunities and offered them out.
- What is the timing for second round of concept papers?
- We run the risk of too many proposals

A suggestion was made that one of the criteria for consideration should be based on demographics – will the proposal meet future needs. Additional criteria suggested include consumer-directed service models, flexibility in the use of funds to meet individuals' needs (like DD system), as well as the cost-effectiveness and sustainability of proposals.

There was discussion and general agreement that BIP should identify existing plans, visions & goals developed through earlier efforts (such as the Real Choice grants) or program area priorities (BBH 10-year plan, BEAS state plan on aging, upcoming children's plan, etc.). We should build on work already done to continue successful efforts and look at taking up others that haven't been pursued. As part of our goal to advance system transformation, proposals need to link to one of these plans (such as the 10-year plan). These plans could also be used to identify unfulfilled needs and gaps.

Direction for BIP

Committee members were asked for their thoughts on what they would like to see BIP accomplish. Several themes emerged among the comments presented, as follows:

CFI

- Reduce CFI eligibility determination waiting times. Determine reason for delays and loss of eligibility at annual review.
- Create a seamless linkage between DFA and CFI. Annual closing when DFA app doesn't go back in and it takes months to re-open. How can we prompt that this is a CFI and notify them earlier to do the app?
- CFI waiver to improve consumer direction, rather than provide direction
- Can CFI pay for X hours per week to be out of the house as this valuable service may be the one thing that prevents someone from being homebound and requiring NF
- CFI waiver should incorporate the flexibility for people to buy what they want when they want it, consumer directed

Are there waiver options that will allow us to fold dental care into a global waiver?

What services can be bundled under prevention?

What proven programs currently exist that aren't covered under Medicaid?

- Supervised medication administration

Workforce Development

- Better prepare HCBC workforce (doesn't this apply to all CBLTSS?)
- Expand skills, coordinate care, prevention, nutrition, getting out of house (people cannot remain homebound)
- Examples of successful supports for one family
    - Crisis interventions
    - Center for START
    - Crisis plan in place
    - Staff training
    - Area agency funding for supports when camping
    - Training of extended supports

Consider paying for bundled services that are not paid currently, in the area of preventive services that are proven to keep folks in their homes

Consider medication supervision

Transportation (there have been recent reductions in CFI?)

- Reference to last year's changes in PCSP (?) rates
- Improve availability and accessibility – suggestion – taxis with ramps
- There is room for improvement in the processes & timelines for transportation payments
- State Coordinating Council still exists – Patrick Herlihy's involvement
- Consider gas vouchers for drivers
- Can we integrate mileage reimbursement with transportation?
- Transportation systems in New Hampshire need to be more effectively linked to Medicaid

NY Medicaid pays for two vacations per year – quality of life issue

- BDS already pays for support person to accompany client

Workforce development – allow home care workers to provide more services than they are currently allowed to (& pay them more) – preventive care, nutrition, others

Consider improving behavioral health crisis intervention

Consider efforts that increase social capital – what people need in order to be healthy & connected to their community – community relationships & involvement, awareness

- We need to build on our social capital. People share lots of service ideas but we don't know what is going on in every area.

- Connections - pro-social aspect of what people need to be healthy. You can layer on any service you want but without connectedness you won't be successful. Is this peer support? Sponsor? Neighbor to neighbor?

Comment: "Everybody is trying to do things FOR us, I want to go back to how do we see people contributing to society? People need to have a purpose, be valued."

General agreement that Committee members would like to learn more about super waivers – global waivers

- A multi service waiver should be explored

Consider grants to caregivers for quality of life

Other Service needs

- Housing/Public Housing Accessibility. How does ADA accessibility integrate with this initiative?

Can we use this money for training?

Case management? When is this covered? When should it begin? It should begin when the person walks through the door?

Next Stakeholder Committee Meeting
Wednesday, February 13 @ 1:00 – Brown Building, Room 232